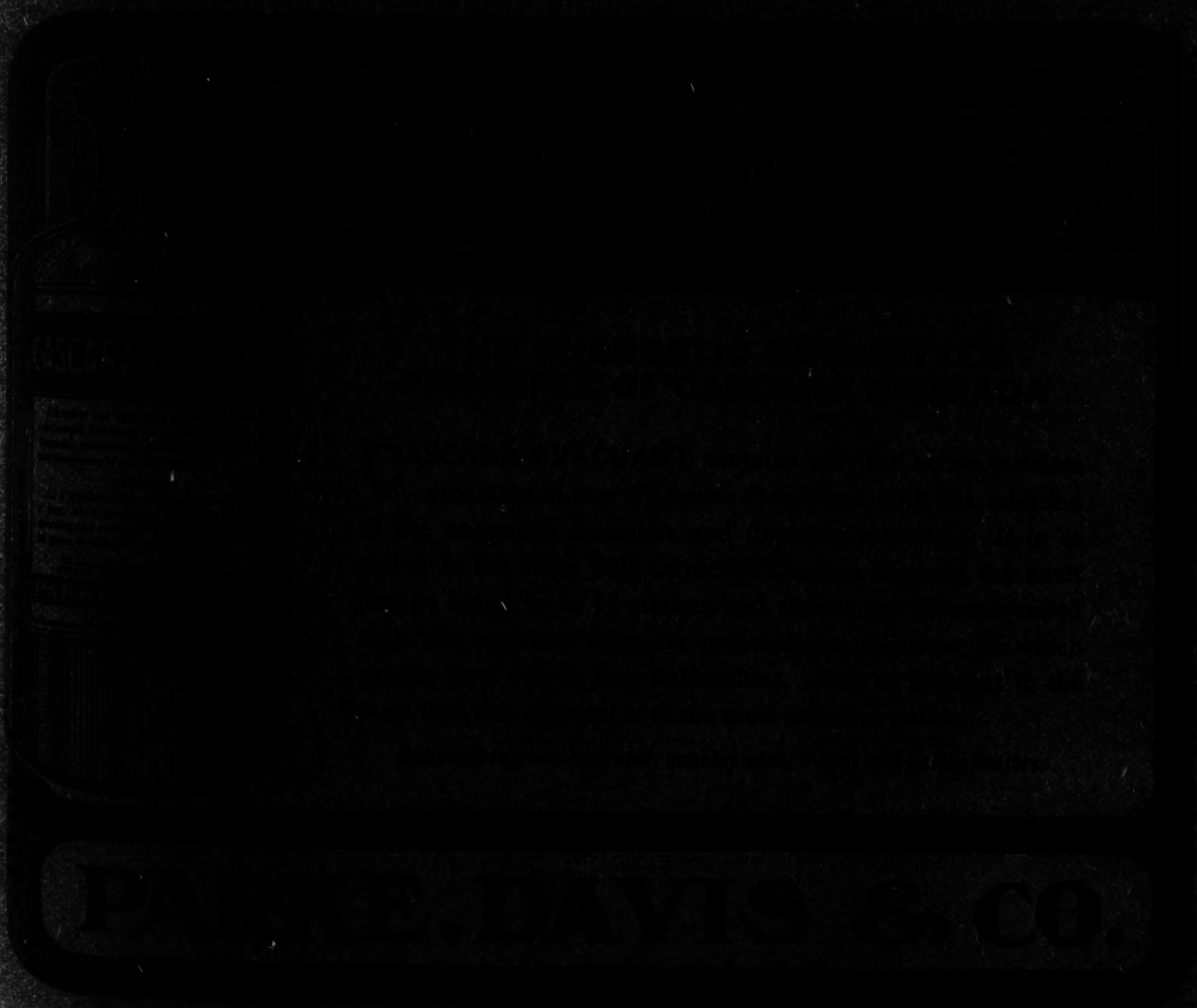
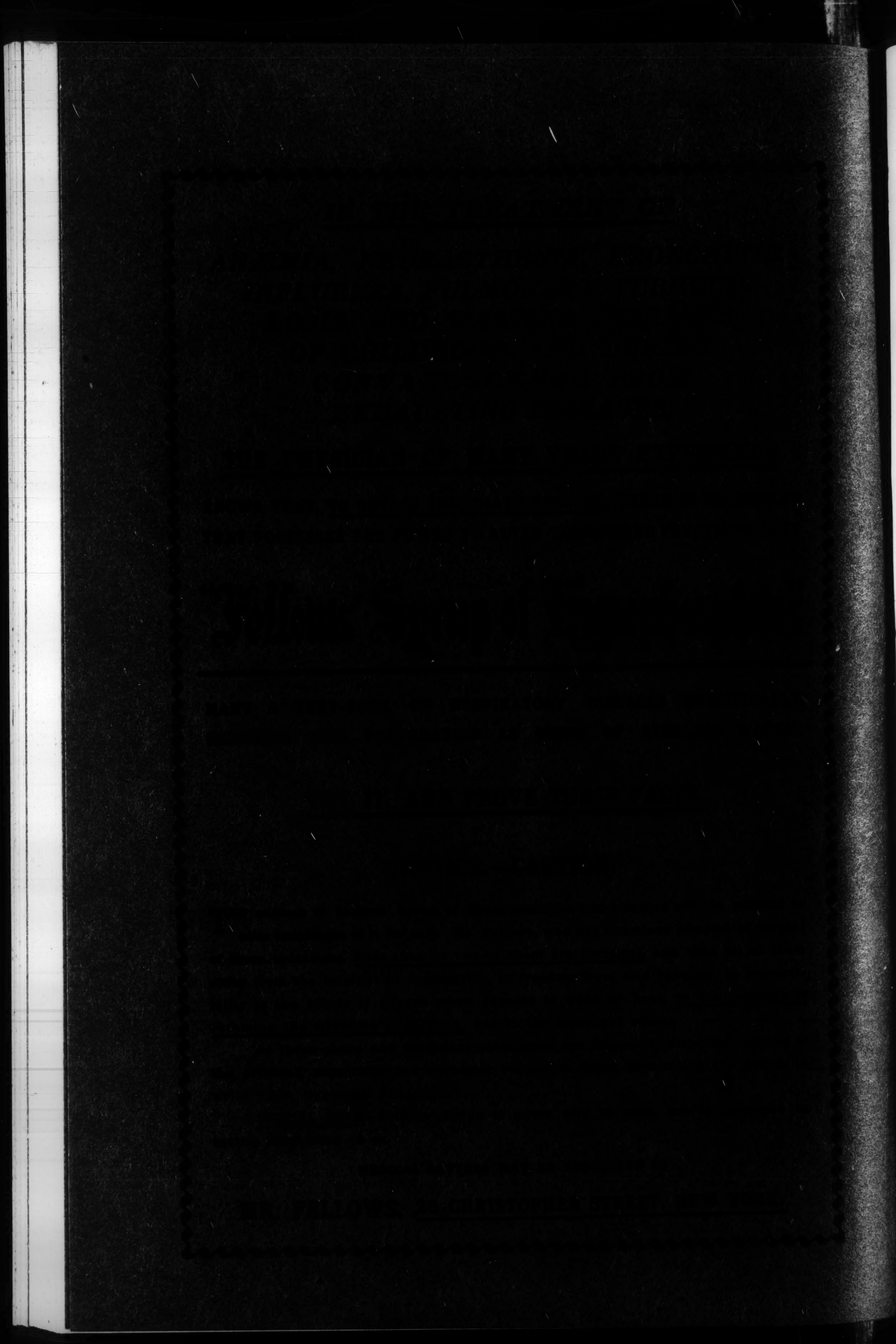


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CALIFORNIA MEDICAL JOURNAL.

VOL. XXVI.

APRIL, 1905.

No. 4.

The Knowledge of Human Nature ; Its Value in Diagnosing.

F. J. PETERSEN, M. D., LOS OLIVOS, CALIFORNIA.

ANY organ gains strength and vitality by use. Disuse will cause it to lose its power. Excessive use will impair this power and cause exhaustion of the part or organ. All people can not be used alike ; what would be a strain on one person may be recreation to another. A person born with deficient vitality and a lack of muscular fibers, will never be able to develop the strength and power of the one who has good inherited vitality and abundance of muscular fiber. This all has a bearing in diagnosis as well as treatment of the patient.

Before attempting to diagnose any disease, the physician should understand what a healthy condition is ; be able to recognize the normal heart beat ; understand what is meant by a healthy expression of the face and eyes ; know the normal sounds of the lungs, and then be able to recognize any deviation from the normal. He must know the

difference between atony and irritation ; active and passive hyperæmia. This all being understood we will be able to get at the cause of most abnormal conditions, where we otherwise would fail.

If an overloaded stomach causes high fever, of what use are the general sedatives?

The chemistry of life should be studied. Inflammatory processes and the various forms of degeneration must be well understood.

Our nervous system should be studied well, both its actions and reflexes. Life should be studied in all its forms. The sympathetic nervous system needs more attention than it has had in the past.

The terminal reflex poles of our lungs are clearly represented on the upper part of the cheeks. Do we not see their peculiar flush in irritation or tuberculosis of the lungs—the dusky flush in congestion of the lungs?

Again, take the lower or middle part of the cheeks, outward from the mouth, does this not give us the condition of the digestive apparatus in general? If sunk and very hollow do we not always find a weak digestive apparatus—if full, do we not find good digestion?

Do not various wrongs of the reproductive organs in women manifest themselves by pain in the breasts, do not the breasts of women waste in many diseases or abnormal conditions of the reproductive organs?

Then we can see that a wrong of any part of the body will generally show itself in a more or less marked degree in its reflex centers or terminals, or both.

Temperaments should be studied. The vitality of a person should also be taken in consideration. A person wide between the ears has strong vitality, because in the vital centers there is sufficient brain, and vitality as a result is strong.

A line drawn from the spine of the occiput, where the base of the posterior lobe is, to the brow where the anterior lobe lies on the supra orbital plates, will help to give us additional information as to the natural vitality and longevity of a person. Here the space between this line where it passes above the ears will give us the desired information. The greater the distance from this line to the opening of the ear the stronger the vitality. If this line is short it shows that the middle lobe of the brain does not go as much below the anterior and posterior lobes; consequently the life or vital center is not well represented and the natural vitality of the person is feeble. If the dis-

tance is only $\frac{1}{4}$ to $\frac{1}{2}$ inch it shows little vitality; but if 1 to $1\frac{1}{2}$ inch vitality is good. The width of the head across from ear to ear bears greatly on the matter, as stated before, as width there gives more brain in that region. However, the relation between the two must always be borne in mind. It is hardly necessary to mention that this is very important to know in disease especially so in infants and children. Where there is a lack of vitality, as stated, powerful drugs must be used with the utmost care if at all. It can then be seen that the power of life depends on the strength of the middle lobes of the brain; the depth or width or both in that region.

Temperaments are important to know as the careful diagnostician well knows. In the motive temperament, if well developed we expect a good bony framework and strong muscles. In the well developed vital temperament we find the lungs, heart, liver, spleen, stomach and lymphatic system as well as the vascular system in good condition and active. In the mental temperament we find a very active mind, often at the expense of the physical, it being the reasoning apparatus.

The knowledge of human nature will greatly assist the careful physician in his diagnosis and treatment of abnormal conditions.

Never treat a persistent case of urethral trouble in the male without examining the seminal vesicles. Many a case is cured after a short period of massage of the vesicles that has been under treatment for years in other hands.—*Ex.*

Intestinal Ferments.

F. G. DE STONE, M. D.

(From a series of lectures delivered by the author.)

WE need not dwell very long on the intestinal secretions; taken as a whole they are called *Succus entericus*; they are derived from the follicles and glands of the intestines, and are called Brunner's Leuberkin's and the solitary glands; they act upon the food similarly to the saliva and pancreatic fluids.

There is a singular phenomenon noted in intestinal digestion, namely, that there are many germs and bacteria found in the tract which get there by means of food and drink, as well as air, and generate a ferment that will digest food to a certain extent. These fungi are called *Schizomycetes* and they are also the product of putrefaction and fermentation of food.

All foods when cooked, unless eaten immediately, mold. This statement can be easily verified by taking a piece of bread several days' old and examining it with a microscope. This is equally true of all foods; hence, those who are sticklers for stale bread or cook a large roast and eat from it for several days, soon develop sallow complexions and catarrhal conditions generally; often have vomiting spells, and expel large quantities of green mucus-like matter, which they think is bile, but it is not, it is a green fungus mold formed from the food eaten. I did not know the full scientific import of the trouble till I read an article in the *Medical Record* of Sept. 6, 1902, by Dr. Knapp, and I advise anyone desir-

ing to fully understand this subject to read his article; he has named this condition *Organacidia Gastrica*, and divides it into three classes: 1st, *organacidia gastrica simplex*; 2nd, *gastrosis fungosa*; 3rd, *zymosis gastrica*. Organic acids are formed as a result of the presence of these molds and fungi; he says: "The first form is caused by eating large quantities of fruit, salads, pickles, strong cheese, etc. The symptoms are transitory and may vary from slight heartburn to violent cramps and vomiting; very often I have seen fever 104 accompanied by cold sweats disappear after a suitable dose of calomel. It is different with the other two; *gastrosis* and *zymosis gastrica*, they are chronic in character." He claims there are two kinds of these molds, one is yellowish green, the other dark red. The yellowish green is mistaken for bile; the red is often thought to be blood, and the patient will often tell how hard he vomited throwing up large quantities of bile that was streaked with blood. I would like to give his entire article but space will not permit though I must quote a little further his description of the symptoms as it tallies so closely with my own personal experience. He says: "The symptoms of *gastrosis fungosa* can be summed up under the heading of irritating organic acids in the stomach. The symptoms will vary with the quantity and degree of concentration of organic acids. The

symptoms will radiate up and down in accordance with the spreading of the noxious gases in either or both directions. The symptoms may vary from simple rawness or soreness in the pit of the stomach (epigastric region) to severe cramps or pain; in violent cases there are cramps in the pyloric region which are often mistaken for gall stone colic. These pains always appear either before or after meals; when of a cramping character the pain comes before meals—but when the suffering is slight in degree, it is relieved in a short time by taking food. This is explained by the fact that the irritation is caused by the presence of organic acids which have given the sensation of hunger, and the taking of food causes a pouring out of gastric juice which annuls the organic acid for a time at least.

The location of the pain is not confined to the stomach, but will spread with the spreading of the organic acid—thus the oesophagus often shares with the stomach, and the patient complains of pain between the shoulder blades if the back part of the tube is affected, and of rawness of the throat and behind the breast bone if the front is attacked. The patient points to the notch between the collar bones and describes the sensation as that of choking. In those cases where there is sufficient gastric juice, together with the organic acid, the patient experiences the sensation of hunger; he has a good appetite, may even boast of such a ravenous appetite that he feels as if he could eat a horse, and it is really a surprise to such a patient that he feels so badly when he can eat so well.

Great, indeed, must be our persuasive powers to convince the patient of the danger of such an appetite; even after he has been relieved of the distressing symptoms. The symptoms of dryness or thirst are next in importance, etc.” But I must stop or I shall tell you very little about the other organs to be discussed, though I can not resist giving his summary of the symptoms. “The symptoms of *gastro-sia fungosa* are: Heartburn, rawness or pain, spasms or cramps, in the region of the pylorus and posteriorly on the left side at about the ninth dorsal vertebræ (between the shoulder blades), burning sensation in the epigastrium (pit of the stomach), rawness and burning along and behind the breast bone (sternum), and between the shoulder blades, choking sensation, dryness of the throat, thirst, polyuria (excessive amount of urine), excessive perspiration, sour taste, regurgitation of sour masses, vomiting, and, as a rule, headache, which is not often of a frontal type,” and he might have added the feeling as if a hair had lodged on the palate.

To know whether the material expelled was bile or due to fungi, as a test, sprinkle some sulphur on the fluid, and if bile be present the sulphur will begin to sink at once. Here is another peculiar fact noticed: when putrefactive or fermentative changes reach a certain point, there is a substance generated that kills the micro-organisms. It is a merciful provision for if it were not so life, with the great majority, would be very short.

The next organ that invites our at-

tention is the pancreas. It is a lobulated gland placed transversely in the abdominal cavity, behind and a little below the stomach, lying in the bend of the duodenum (the first part of the small intestine), the right end or head being in contact with it. Its structure is much like that of the salivary gland, though it is much larger; its ducts run through it from end to end, centrally, and receive by their branches the secreted pancreatic juice and empty it into the duodenum about five inches from the small end of the stomach; the biliary duct from the liver opens into the intestines also just above the pancreatic duct, so that the two fluids are well mixed with the chyme soon after it enters the intestines.

About ten ounces of pancreatic juice is secreted daily by an adult during digestion; none being secreted during the interval between meals. Its principal chemical constituent is pancreatin, which is an albuminoid, and it forms about ten percent of the juice secreted. In 100 parts there are 9.5 parts of pancreatin, 86 parts water, 3.35 extractives, of the latter 1.12 parts are nitrogen. This fluid also contains sodium carbonate, phosphate and sulphate, potassium, calcium and iron.

Pancreatic juice is transparent, colorless, odorless, and saltish to the taste, is viscid and flows with difficulty; it contains four enzymes or ferments which make it one of the most important digestives in the body.

It changes starch into glucose, and emulsifies olive oil and fats; it continues the action of the saliva, only doing it more thoroughly, thus chang-

ing and preparing the sugars to be finally converted into glycogen in the liver. Its ferments are amylopsin, which changes starch into dextrine. (2) Trypsin which acts on albuminoses changing them into peptones. (3) Steapsin which is its fat splitting ferment, really changing them into soap and emulsion that can be easily absorbed by the lacteals of the villi of the intestines. (4) There is a milk-curdling ferment.

Its blood supply is from the splenic, pancreo-duodenalis branch of the hepatic and superior mesenteric arteries. Its veins empty into the splenic and superior mesenteric veins (tributaries of the portal vein). Its lymphatics communicate with the thoracic duct. The nerve supply is from the solar and splenic plexuses. The nerves that carry messages from its cells to the brain (afferent) run in the pneumogastric nerve. Its nerve that brings messages from the brain to the gland (efferent) i. e., nerves of motion, are contained in the phrenic nerve.

This organ is frequently the seat of disease though it is extremely difficult to diagnose, as pain in this region may be due to so many other common ailments, that this organ, as an offender, is rarely thought of. It is only lately that there has been any literature on the subject, but as some have now turned their attention in this direction it is to be hoped that knowledge, especially of the microscopical character, will be more general, for it seems to me that this is about the only way that much can be learned, though the absence of its action on the excreta would be apparent.

That Reminds Me.

G. W. HARVEY, M. D., PITTVILLE, CAL.

IN the last "Journal" our good old Dean gives us some wholesome advice about cleanliness and asepsis in our cases of ante-partum examinations, and judging from his splendid success as an accoucheur I would say that it must be all right, but while I have not had the wide experience that our Dean can boast, I have had a "right smart smatterin'," and as far as I have gone I can boast with the best of 'em.

I learned long before I could suffix M. D. to my name that all sorts of pesky pestiferous insects could be put out of commission by oiling their respiratory apparatus with most any sort of soft fat, and the furtive little scavenger of a microbe who is certainly as essential to the well-being of man as the turkey-buzzard or hog, is no exception to the rule; and when I am called to assist the expectant mother I wash off the accumulated filth from my hands with any sort of soap and water provided for me, scrape the visible badge of mourning from under my nails and then anoint my hands with pure olive oil, and, *presto!* the microbes are embalmed as surely as one of the mummified rats of Pharoah Niesho, and puerperal sepsis will never develop. Its easy, pleasant, safe and along strict physiological lines.

Inflammation of Mastoid and Antrum—These conditions lead very often to an operation after much suffering and procrastination; but a few months'

treatment with calcarea phos. \mathfrak{D} x and silicea \mathfrak{D} x, given alternately in two to three grain doses three times a day will restore your patient to a healthy condition. Try it and be convinced.

Recently a young lady came to me complaining of deafness in her right ear of some six years' standing.

Examination revealed an accumulation of dark brown wax impacted against the ear drum. I gave her some H_2O_2 with instructions to use it twice a day until the ear was free, and then if no better to call again.

She came in the following week for another examination and I found to all appearances an accumulation of some dark semi-plastic material in the middle ear behind the drum. She could not inflate the ear, nor could I, and as my eustachian catheter was not to be found I gave her a two dram vial of No. 30 pillets medicated with Lloyd's pulsatilla and told her to take six pillets three or four times a day, and report when they were gone. She reported the following week, saying that she could hear as well as any one, and so continues to this writing.

Never place dry gauze over a wound that may exude even ever so little, for this exudation will probably dry up *in situ*, without being absorbed by the gauze, thus closing the wound and preventing drainage. Gauze should always be put on slightly moist, even if afterwards permitted to dry.—*Ex.*

The Woman and Her Complexion.

IN these days when women are becoming every day more dependent in the beauty doctor, it might be as well for the physician to tell his patient a few things that would emancipate her from the rule of this formidable tyrant. We think, personally, that the advice should be about as follows:

The object of every woman is a good complexion, but, as a rule, she is apt to think it can be obtained by a miracle; and the miracle is contained in a box of some cerate or unguent of a special brand. It is not. Some women are blessed with skins that defy all kinds of bad habits; for the others the miracle is this, and it is five-fold: absolute cleanliness; absolute devotion to fresh air; absolute attention to exercise; an absolute determination to sleep eight hours out of twenty-four; and last, an absolute adherence to a simple diet.

First, as to bathing: Take a bath at least once a day. If you can stand cold water, good, you are lucky. Nothing keeps the skin so firm and white. But as a rule do not combine the bath which you take to keep clean (it is supposed that it is never necessary to bathe to *get* clean) with your tonic plunge. So if you take a cold tub in the morning take it—but take it quickly—and give yourself a scrubbing with warm water and soap at some other time, preferably at night. Don't be afraid that two baths a day will hurt you, but it is not at all necessary to soak for half an hour in hot water twice, or even once a day.

Then as for your clothing—change

every day, or oftener if you can, but at least change three times a week. Don't wear under clothing that is too heavy, and wear linen or something else that can be *boiled* when it is washed.

As for fresh air and exercise, whatever the weather, unless you are ill, spend at least one hour a day out of doors. When in the house have the windows up. Walk all you can and breathe deeply at all times. Remember that "he who half breathes half lives," and there is little vitality for the shallow breather.

Walking is a good exercise—so is tennis, or any thing that keeps you out of doors is good. But for your complexion the best of all is swimming, surf bathing in particular. Swimming increases the red corpuscles more rapidly than any other exercise. Every muscle is brought into play; the lungs are forced to work, and the very act of swimming tends to mental poise as well as physical. Add to this the tonic effect of salt water and it is no wonder the results are so good.

After exercise, sleep, as you must go out in the day time, in the sunshine; but at night go to bed and sleep with the windows open. According to Tesla, man has just so many hours to keep awake. He can use them up as fast as possible or he can spread them over a long life. But there are just so many of them.

This brings us to diet.

Now this is a subject that we are prone to argue about. If others can

eat these things we can. But it is not so. The fact that you are thinking of consulting the beauty doctor proves it. The rules of diet are like the diet itself, simple; they consist principally of *don't*, and the "don'ts" have largely to do with fats. Don't eat anything *fried*. Never eat gravies or thick soups; never eat chocolate or pastries, especially if the pastries are made with lard; and that brings us to another division of the "don'ts." Never eat any thing related to a pig—no ham, bacon, sausage, or any thing cooked with lard, and no pork and beans.

Let your fats be butter, cream and olive oil. Avoid shell fish and pink fish, like salmon; and remember no highly seasoned things; tomares and fried oysters and beer must all go to-

gether. Alcohol, and tea and coffee must all be used very moderately. Let your drink be water and plenty of it. Some doctors say drink a glass for every hour you are awake. It is not a bad rule.

Simplicity is the word. Coarse bread, salads with oil, fruit, vegetables, cereals, except oatmeal, eggs, broiled or roasted meat, no stews or made dishes. Of course you are to eat very little sweets, and to remember that nuts and cheese are risky things for the complexion especially if you eat a lot of other things beside.

And that is about all, except this—For your face itself, keep it clean. Use a good cold cream if you wish; massage it if you wish, but, keep it clean.

What I Know About Salts.

BY DR. L. A. PERCE, LONG BEACH, CAL.

Read before the Los Angeles County Eclectic Medical Society, March 6, 1905.

I MIGHT well have made my caption read, a few things I know about Salts, as the brevity of this paper, as well as the length of this session, would preclude one from telling all one might know of this subject.

Sulphate of Magnesia, or as commonly known, Epsom Salts, abounds in many sources, such as sea water, where it is prepared and separated from the bitter water after the crystallization of salt. Also in some portions of the United States and England in natural water, as well as in caves, and even as a rock

formation nearly in a perfect state in Pennsylvania and Maryland.

Sulphate of Magnesia was first found by Grud in 1694 in the Saline waters of Epsom, England, from which they received the name under which they are generally known.

Salts are freely soluble in water and easily administered, though often containing impurities which should be recognized and eliminated, as these same impurities are largely responsible for any unpleasant and disastrous results from its use. The chief impurities

which are liable to be found, as well as to cause the greatest defective results, are iron, and chloride of magnesium. Where iron is present the solution gives a violet or bluish tint with tannic acid; if chloride magnesium be present the salts deliquesces readily, according to the amount of impurities present.

The medical properties of salts are compound, refrigerant, cathartic and diuretic. Thus we see while compound, their action is confined largely to kindred organs and acting freely upon those classed as eliminants. The field of usefulness for salts is large and wide; there is no other agent equal to this for the purpose of cleaning our physical house, flushing our bodily sewers, and furnishing new dressing for our weather-beaten surface. The surgeon leans upon salts as a staff, first for the purpose of putting his operative cases upon a safe foundation for his skillful manipulation, and secondly for the purpose of assisting Nature to clean up all the avenues of elimination after he has placed her in a condition of repair. Well do we consider salts one of the surest safeguards after operative measures. This is so very apparent to all operators I had not intended to touch upon it, but deal more particularly with the medical side of my subject.

We are come more generally to recognize the importance of the condition readily seen and recognized as infection, which often arises from the intestinal, as well as from the urinary and circulatory tracts; in these conditions nothing can take the place of salts as an important medical factor. Take the white,

dirty tongue, thick, foul tasting, foul smelling; temperature may be either high or sub-normal, mucous membrane palid, odors from the mouth of patient and, in fact, emanating from his very surface indicative of uncleanness throughout, sweet, mawkish taste in mouth, tissues sodden, no elasticity to skin, he does not care if he gets up or lies down; fullness of abdominal region, cæcum full of gas, in fact a very picture of poor physical plumbing and sanitation. A saturated solution of salts in tablespoonful doses every one or two hours, until free alvine evacuations are produced, puts new zeal and energy into such an one, and presents in a few hours to the physician an intestinal tract which can and will readily assimilate remedies which will have gained many hours in their active energy. There is nothing which will so quickly and so perfectly liquify all the contents of a dirty, gaseous intestine, and thoroughly wash and cleanse out, as salts.

Well, but say some, the dose is terrible, the effect not pleasant. I deny it. A few drops of lemon juice, not enough to acidulate, will completely cover all the bitter taste as well as prevent griping. Again, some say the effect of salts is to thin the blood, and so lowers vitality that one chills readily. Not so, in competent hands and indicated cases. Give a person as above described sufficient salts to produce the effect noted, then see if he does not feel better; if still not well satisfied, make a blood count, examine it carefully, and you will find the condition much better than before taking.

It is not uncommon for us to find cases where a low form of fever continues for some time, with no very apparent cause, when we find a thin, white coating on the tongue, in fact often very thin, the eyes inclined to yellow cast, a recurring nagging nausea upon the ingestion of even the lightest form of food. Teaspoonful doses of saturated solution of salts every hour for twenty-four hours does wonders. I might write and read to you all night and still be singing the praises of this much abused and neglected remedy, but time will not permit.

Therefore, in conclusion, do not for one moment presume I have thrown all other drugs to the dogs and confined myself to the pleasant, palatable salts. I have only this one subject under discussion to night, and have attempted to show you how such a simple remedy may be profitably used as a means to further the interests of our patients as well as ourselves by preparing the way for such remedies as we may see fit to deem necessary to fill indications which arise as we gain the vantage point of a clean receptacle for them.

The Non-Operative Treatment of Trachoma.

DR. F. J. PARKER (in *Medical Record*) advises as follows: After thorough cocaineization, the everted lids are rubbed hard three times a week with a cotton applicator dipped in bichloride 1-500. At home iced cloths and drops of an organic silver compound morning and night. After the conjunctiva has become smooth, treatment is continued by the application of a solution of tannic acid in glycerine, forty grains to the ounce. In the variety with hard follicles the copper sulphate crayon is applied to the conjunctiva, excess being washed away with boric acid. In the third stage, with cicatricial contraction of the lids and pannus, the writer recommends rubbing the conjunctival surface with castor oil, and making superficial linear scarifications with the knife. Copper crayon is also useful. Pannus should be treated by hot applications and atropin. Larger vessels

may be divided at the corneal margin by the actual cautery.

The following slip is advised to be given to all trachoma cases, and will be found to be of much use in large clinics:

Instructions to those having Trachoma—Trachoma is a contagious disease of the eyelids, which if neglected will cause suffering and injury to the sight.

To avoid infecting others, those having the disease should observe carefully the following instructions:

1. They should have their own towels, handkerchiefs, wash cloths and toilet articles, which under no circumstances should be used by others.
2. They should sleep alone.
3. Avoid rubbing or touching the eyes, as the contagion may be carried on the fingers, and infect others through articles handled.
4. The hands should be cleaned often with soap and water.
5. Treatment should be attended to regularly, and continued until pronounced cured by the physician.—*The Canadian Practitioner and Review.*

Surgcal Aphorisms.

BY DR. RUTHERFORD MORISON, M.B. (EDIN.), F.R.C.S. (ENG.),

Surgeon, Newcastle-upon-Tyne, Royal Infirmary.

INFLAMMATION.

KNOWLEDGE of the causes and progress of inflammation is essential to satisfactory surgical treatment.

The changes concerned in the aseptic repair of injuries may be regarded as physiological inflammation.

Acute pathological inflammation, considered from the practical surgical point of view, results only from infection by micro-organisms.

INFLAMMATORY PHENOMENA.

The first minute change observable in the damaged tissue is occasionally a transient contraction of the smaller bloodvessels.

The next is invariably dilatation of the bloodvessels and increased vigor of the circulation in them.

Then follow gradual slowing of the circulation; oscillation of the blood in the vessels; and, finally, stasis.

When retardation of the local circulation is proceeding, examine the contents of the bloodvessel.

They will be seen to divide into a central red, more rapid, and a peripheral slower light current.

The central consists chiefly of red corpuscles.

The peripheral consists chiefly of liquor sanguinis and leucocytes.

When stasis is complete, the red corpuscles adhere and form a bright central red axis.

The leucocytes tend to attach themselves to the vessel walls.

"Diapedesis" follows adhesion of the leucocytes; by means of amoeboid movements the leucocytes crawl through the vessel walls and escape.

In a short time the connective tissue surrounding the smaller bloodvessels is crowded with leucocytes.

These are joined for purposes of defense by "free cells," always present in greater or less numbers in the connective tissue spaces. Both are described as "microphages."

A large third cell derived from the connective tissue elements, a "microphage," adds to the strength of this wonderful army.

Micro-organisms, dead cells, and destructible dirt are devoured by these voracious soldiers. This is "phagocytosis."

The general control of the army finds its analogy in the chemiotaxis of the body.

The invading organisms produce toxins, which may be compared to lid-dite. Both paralyze and demoralize the army of defense.

In less serious battles the invading micro-organisms are destroyed or imprisoned by the cells.

In the thickest of a severe fight heaps of dead soldiers form pus.

CAUSES OF INFLAMMATION.

The causes of inflammation are predisposing and exciting.

Predisposing causes are :

- (1) Local.
- (2) General.

Of local causes, defective circulation is the chief.

Varicose veins and arterial disease are the most important. Both diminish tissue resistance.

Nerve lesions less commonly have the same effect.

A previous attack of inflammation in the same part diminishes its vitality and predisposes to further attacks.

Traumatism is also a predisposing factor.

General predisposing causes are such as lower the bodily resistance. Malnutrition, old age, heart and kidney disease, diabetes, and alcoholism are the chief.

The known exciting causes of inflammation are :—

- (1) Traumatic, mechanical, chemical, electrical, thermal (heat and cold), X-rays, etc.
- (2) Microbic infection.

There are two distinct forms of inflammation :—

- (1) Acute, and
- (2) Chronic.

ACUTE INFLAMMATION.

The only known cause of acute inflammation is microbial infection by a pyogenic organism.

Staphylococcus pyogenes—a ureus is the most common cause of acute inflammation.

Expect it in boils, carbuncles, ab-

cesses, septic osteitis, and other localized suppurations.

In spreading inflammation, of which erysipelas is the type, streptococci are the usual cause.

A spreading inflammation, accompanied by abscess formation, frequently results from a mixed staphylococcus and streptococcus infection.

CHRONIC INFLAMMATION.

The two known causes of chronic inflammation are tubercle and syphilis.

An inflammation, the cause of which is unknown, can be ascribed to traumatism, rheumatism, or gout.

TERMINATION OF INFLAMMATION.

The possible terminations of inflammation are to be remembered.

In all essentials they are the same in each structure. They are :—

- (1) Resolution.
- (2) Thickening; fibrosis in the soft parts—sclerosis in the bones.
- (3) Partial destruction; ulceration, caries, sloughing, pus formation.
- (4) Total destruction; gangrene, necrosis.

SIGNS OF INFLAMMATION.

The local clinical signs of inflammation are redness, swelling, heat, pain, and loss of function.

Redness is the result of hyperæmia.

Swelling is due to escape of fluid constituents of the blood vessels into the connective tissue.

Though the swelling usually coincides with the inflamed area, this is not invariable. An inflamed scalp produces oedema of the eyelids; an inflamed palm, swelling on the dorsum of the hand; of

the lower abdominal wall, œdema of the scrotum, etc.

This swelling follows the path of least resistance. These transferred swellings may be of considerable diagnostic importance.

On the chest or abdominal wall, or on the scalp, or surrounding a long bone, they suggest deep-seated suppuration.

Heat results from increased blood supply. It is an invaluable clinical sign, for it denotes active and progressive change. If a swollen joint is hot, it requires rest; if cold, there is no such need for care.

Pain results chiefly from increased tension. It is increased by dependency, relieved by elevation of the inflamed part. The most tender spot indicates the position of greatest mischief. Pressure with the point of a probe will demonstrate the best point for an incision in palmar abscess. Point pressure with the finger may suggest that inflammation of the gall-bladder or of the appendix is the cause of an obscure abdominal illness.

The character of the pain may give a hint as to the structures involved.

A boring aching pain, worse at nights, suggests bone inflammation.

Mucous membranes smart.

Serous membranes stab.

A sickening pain suggests testicle, kidney, mamma, or ovary.

A throbbing pain suggests suppuration.

Pain may be referred and misleading. The following are examples:—

Kidney pain may be felt in the testicle.

Spinal pain in the abdomen.

Hip pain in the knee.

Rectal pain in the heel.

Prostatic pain in the penis.

Eye pain in the head.

Intestinal pain in the umbilicus.

DIFFUSION OF INFLAMMATION.

Red linear streaks leading from an inflamed part to the next set of glands, mean lymphangitis.

Enlarged tender glands suggest an attempt on the part of the invader to reach the blood stream.

Inflammatory fever is associated with a quick pulse, increased tissue metabolism, shown by excess in excretion of urea and urates, and with general impairment of all the organic functions—digestion, secretion, excretion—and of nervous, mental and muscular adequacy.

TREATMENT OF INFLAMMATION.

In the ordinary conditions of life, battles between invading micro-organisms and defensive cells are being constantly waged.

Fortunately for most of us the advantage lies with the defensive cells.

Parts of the body specially liable to invasion *e.g.*, mouth, tonsils, lymphatic glands, are specially guarded by extraordinary numbers of free cells.

A large quantity or specially virulent quality of micro-organisms is essential to produce disease in a healthy person.

In less healthy ones or in damaged tissues, serious results may follow slight infections.

The most serious results of all follow infection of the blood stream.

The most important item in the treatment of inflammation is its prevention, by avoidance of or destruction of its cause.

This embraces a knowledge of anti-septic surgery by which wound treatment has been revolutionized.

The object of this is to prevent the intrusion of micro-organisms, and to destroy any that may already have found an entrance to wounds, before a surgical wound is inflicted.

The patient must have a surgically clean skin.

The surgeons', assistants', and nurses' hands must be surgically clean.

Instruments, sponges, dressings, ligatures, sutures, etc., must be sterile.

Tissue damage must be avoided by gentle handling. Bruising, tearing, pulling, and rubbing diminish tissue vitality and favor organismal infection, so do strong antiseptics.

Wounds must be kept dry either by drainage or by elastic compression. Organisms grow in pent up fluids.

For dirty wounds generous washing with normal saline, the removal of parts damaged beyond redemption, and free drainage are essential.

Remove the causes of inflammation when possible.

If you doubt the overwhelming importance of this rule, watch the disappearance of a traumatic conjunctivitis when its causative foreign body has been removed.

Incise pus collections freely, and drain them thoroughly. The defensive cells will do the rest, if protected by skilful care from further attack.

Rest and steady elastic compression are the chief symptomatic remedies for inflammation.

General rest is secured by confinement to bed; local by the application

of splints and bandages. Elastic compression is best accomplished by careful firm bandaging over abundant cotton wool.

Cold, heat, local blood-letting, belladonna, are of secondary importance. Their chief effect is mental.

In acute inflammation the general principles involved are to help the patient to eliminate the circulating toxins. Rest in fresh air, hot baths, saline purgatives, abundant simple drinks and milk diet, are the chief aids.

For certain specific inflammations the injection of a special antitoxin has been attended by success, and in this direction lies still further promise for the future.

In chronic inflammation the ideal treatment for a localized tuberculous lesion is complete excision.

This should always be done when the operation can be accomplished without inflicting serious damage.

If this is not possible, thorough exposure of the tuberculous focus, removal of as much of the tuberculous products as possible, and this followed by cleansing and disinfection, is the best course.

If the diseased tissues can be completely excised, or nearly so, the resulting wound, however large, should be closed without drainage.

If the diseased tissues cannot be removed (with few exceptions), the wound should be left wholly open, and packed from the bottom with iodoform gauze.

This serves three purposes:

1. It allows of repeated applications to visible tuberculous surfaces.
2. It insures free drainage.
3. Iodoform stimulates the defensive cells.

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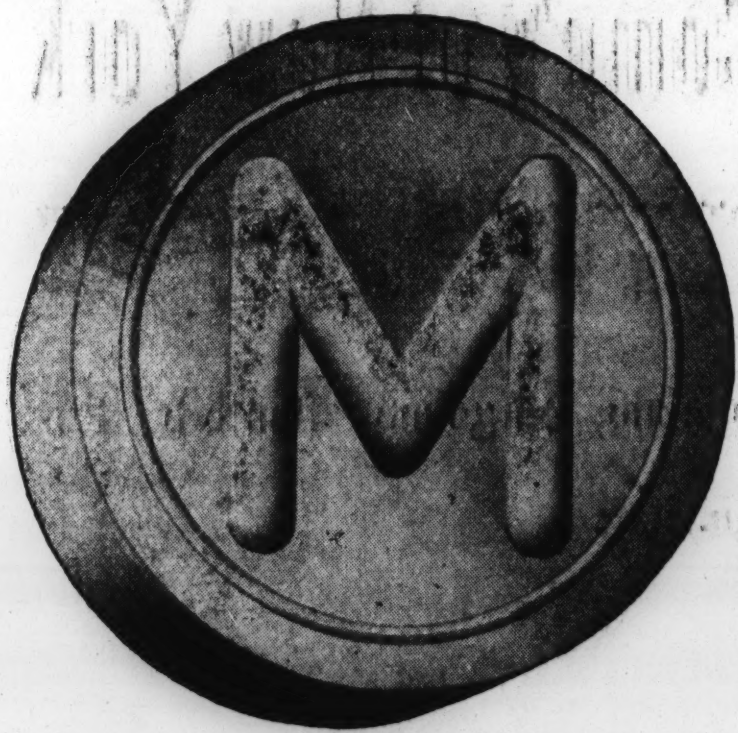
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Editorials.

Which?

Delegates and representatives are supposed to represent definite policies and principles. A man elected to Congress is supposed to represent the principles of his party, and when he is at variance with such principles as laid down by the highest authority of the party his duty to his self-respect and to his constituents is to resign. So it is in every public position. A man either represents or misrepresents his people.

During the late session at Sacramento the writer was present at a meeting of a Committee of the legislature when a gentleman who was supposed to represent the Homœopathic school emphatically declared that he did not wish to be known as a Homeœopath, only as a doctor.

Did he represent or misrepresent? Which? Is the gentleman sincere? If

the time has come to abandon the Homœopathic school in this State all right. We, as Eclectics, want to know it. This is no time for masquerading. While the writer regrets divisions he feels that each should pursue investigation in its own line. The time has not come for all schools to merge. That time will come when the different theories of medicine will be taught in every school. There is none perfect, but every school is adding to the sum of knowledge. The millenium is far off. Reader, do you represent or misrepresent your school? Which?

Dr. Fernando C. Cook.

Fernando Cortez Cook was born in Steuben Co., N. Y., September 22, 1826, and while attending college acquired a proficient knowledge of telegraphy, so that upon graduation he entered upon that service, opening and having charge of the first office in Chicago.

While so engaged he began the study of medicine, and later entered and graduated from the Louisville Medical College. At the outbreak of the Civil War, believing he could render more effective service to the Union he entered the army telegraph service and performed duty under and with General Sherman. On the close of the war he resumed his medical studies, graduating from the Eclectic College of New York, and after serving a course in Bellevue Hospital, located and practiced at Paducah, Ky. In 1872 he opened an office in this city, and continued in the practice of medicine up to the time of his decease. He was instrumental in organizing the Eclectic Medical Society of California, and was its last surviving charter-member. He peacefully and calmly died at home of heart failure, on the 20th of March, and was incinerated at the I. O. O. F. Crematory on the 22nd, the sad obsequies being attended by a large number of personal friends.

The Rev. Francis M. Larkin, pastor of Grace M. E. Church, officiated at the funeral.

The pall bearers were Dr. Geo. G. Gere, Dr. J. H. Soper, Dr. F. M. Hackett, Frank P. Doe, H. Williams, and Messrs. F. Harrison and G. Greenwall representing the California Medical College. By request of Dr. D. Maclean, President of the Faculty, a large number of the students of the college attended the cemetery services.

Dr. Cook stood high in the estimation of the members of the profession by reason of his knowledge, deep sense of honor, gentle manner, and great

moral worth; while among the lowly poor to whom he so often freely and cheerfully attended, his kindly acts will ever be most gratefully remembered.

Dr. Cook left a widow and daughter, Mrs. J. J. Lyon, to grieve his loss.

Editorial Notes.

Dr. E. A. Ormsby is now at Linden, Cal.

There is an opening for an Eclectic physician at Manton, Cal.

Dr. S. W. Harvey is now at Pittville, Cal.

Battle & Co. have issued the 5th of their series of "Intestinal Parasites." Sent free on application.

We hear that Dr. J. B. Clifford of Santa Barbara has inherited a plantation in Brazil.

Dr. Geo. Pettey, of Denver, has opened a retreat in Oakland for the treatment of alcoholic and drug cases.

Dr. E. J. Gardiner of Chicago has undertaken the Editorship of a Spanish American Journal, to be known as the "Revista Medica Hispano Americana."

The Denver Chemical Co. has issued a very convincing and attractive booklet, ornamented with a picture of the "Original Substituter."

Dr. S. L. Blake, of Weaverville has opened an office in Donohoe Building. The Dr. is a graduate of the California Medical College (1880)

Dr. Schirman has moved to the Pava

Building 634 Sutter Street, and confines his practice to Eye and Nervous Diseases.

Dr. C. H. B. Hanvey, the Nose and Throat Specialist, has moved from the St. Ann's Building to the Donohoe Building, and has offices with Dr. Blake.

Henry Richter, Ph. D., 302 E 9th St., New York, in connection with his medico literary office, has opened a press clipping beureau for the convenience of his patrons.

Mrs. L. A. Perce was operated on for appendicitis at the Deaconess Hospital, Los Angeles, on March 11. We are pleased to learn that the operation was in every way successful and that she is making a good recovery.

Drs. Harvey and Hunsaker have moved their Sanatorium to 1408 McAllister Street, where patients will receive the best care and attention. While every room is not a corner room every room is a sunny room.

Dr. Jos. MacDonald, Jr. has severed his connection with the "International Journal of Surgery," and purchased the "American Journal of Surgery and Gynæcology," so long published by Dr. Emory Lamphear. It is to be called the "American Journal of Surgery," with offices at 92 William St., New York. Dr. Walter M. Buckner will be the editor.

The fifth number of the *Journal of the Fifteenth International Congress of Medicine* is published. It is dated from the 20th of February and contains interesting news. The number of

the reports that are assured in the different sections gets up 205 till now, and they are signed by the highest names of the medical sciences. The programme of the Lectures is also very advanced; Sir Patrick Manson, Prof. Brissaud, Drs. José Esquerdo, and P. Aaser, and Prof. Azevedo Sodré are inscribed already and the Committee of the Congress expects the inscription of other scientists that are invited. At last, the organisation of the national Committees is nearly complete in the several countries.

SOCIETIES.

National Eclectic Medical Association.

TO THE ECLECTICS OF THE UNITED STATES:

The thirty-fifth annual meeting of The National Eclectic Medical Association will convene at Saratoga Springs, New York, Tuesday, June 20th, 1905, at 10 a. m., and will continue in session for three days.

It is not necessary to say anything about the place of meeting as it is known the world over as the most beautiful and attractive summer resort in America. The accommodations are perfect and ample with reasonable expense.

But what shall we say of the meeting itself? First, let me say that we want every physician who has imbibed a particle of Eclecticism into his nature to attend this meeting. Let me ask in all kindness, what are you doing for the cause of Eclecticism? There are ten or fifteen thousand Eclectic Physicians in the United States and we do not register over five hundred on the roster of

the National Association. Doctor, what has Eclecticism done for you in the battle against disease and death? Do you believe that we have a better system of practice than have the other schools of medicine? If not, why are you claiming to be an Eclectic Physician? If so, what are you doing to maintain our system? Simply remaining at home and serving the sick is a grand mission and in a measure helps to maintain our principles so far as your small locality is concerned, but if all would do only this much our school of medicine would long since have lost its identity, and we owe our very existence to the ones who have not only attended to their work in their "own little corner," but have left home and loved ones, yes, and the sick ones, and gone to the "front" to organize and maintain an Association to which we owe our very existence as a separate school of medicine. Now, my dear doctor, what are *you* doing to support our National? True, you can not always attend the meetings but you *can* unite with the Association (if you are not already a member) and thereby lend your assistance both in intellect and means to support it. We all have to do with organizations near our homes that bring no immediate returns so far as money is concerned. Now, let us go a step further and lend our best efforts to maintain an organization that keeps up our very existence as a separate school of medicine. Our position as physicians and benefactors to suffering humanity demand that each and every one of us make it a special point to attend this meeting. Plan for it.

Work for it and be there. The prospects for a large and enthusiastic meeting have never been surpassed. All of the Committees, Department and Section officers are laboring to make this the *best* meeting we have ever held.

Our plan for the coming meeting is to have three Departments and each Department to be under the supervision of one of the vice-presidents. Each Department to have three Sections, properly officered, and each Department to be opened with an address and after the address the three Sections of that Department will convene at the same time and endeavor to close at the same time and then open another Department in the same manner till all the Departments shall have closed their work. We will issue a complete bulletin in the near future giving full information regarding transportation, hotel accommodations and the full program. We believe that if each one of us will do our whole duty we will not only have the best meeting we have ever held but will put Eclecticism a step further up the hill of science. Write a paper for some of the Sections whether you receive a special request or not and bring it with you to the meeting and also bring your wife and friends with you.

Sincerely and fraternally yours,

W. E. KINNETT, M. D.,
President.

The following committees have been appointed for the work of the National Eclectic Medical Association for the coming year. Extensive arrangements are being made for the session at Saratoga on the third Tuesday in June,—

June 20th,—and the State of New York promises to duplicate the Atlantic City meeting in every particular, if it does not exceed it. If all the Eastern States will co-operate with New York we shall have indeed a great meeting. The Central, Western and Southern States will do their part fully, as they usually do:

Committee of Arrangements.

Chairman, Earl H. King, M. D., Saratoga Springs, N. Y.; W. J. Krausi, M. D., New York, N. Y.; Pitts Edwin Howes, M. D., Boston, Mass.; G. Allen Rowe, M. D., Buffalo, N. Y.; G. W. Thompson, M. D., New York, N. Y.; H. S. Blackfan, M. D., Cambridge, N. Y.; I. J. Whitney, M. D., Unadilla, N. Y.

Committee on Press.

Chairman, G. W. Boskowitz, M. D., New York, N. Y.; F. P. Sinclair, M. D., Iysander, N. Y.; Lee H. Smith, M. D., Buffalo, N. Y.

Committee on Registration.

Chairman, J. P. Harbert, M. D., Bellefontaine, Ohio; J. P. Harvill, M. D., Nashville, Tenn.; J. V. Stevens, M. D., Jefferson, Wis.

Committee on Credentials.

Chairman, R. L. Thomas, M. D., Cincinnati, Ohio; W. N. Holmes, M. D., Nashville, Tenn.; C. H. Bushnell, M. D., Chicago, Ill.

Auditing Committee.

Chairman, B. K. Jones, M. D., Kenton, Ohio; W. P. Best, M. D., Indianapolis, Ind.; G. R. Shafer, M. D., Peoria, Ill.

Committee on Resolutions.

Chairman, John Perrins, M. D., Boston, Mass.; H. Michener, M. D., Wichita, Kans.; A. J. Widener, M. D., Little Rock, Ark.

Committee on Grievances.

Chairman, E. G. Sharp, M. D., Guthrie, Okla.; J. C. Mitchell, M. D., Louisville, Ky.; M. E. Daniels, M. D., Honey Grove, Texas; H. S. Graves, M. D., Hurley, S. D.; R. E. Holmes, M. D., Harrisburg, Pa.

Committee on Medical Colleges.

Chairman, H. H. Helbing, M. D., St. Louis, Mo.; G. W. Boskowitz, M. D., New York, N. Y.; E. J. Farnum, M. D., Chicago, Ill.; W. M. Durham, M. D., Atlanta, Ga.; D. Maclean, M. D., San Francisco, Cal.; F. L. Wilmeth, M. D., Lincoln, Neb.; J. K. Scudder, M. D., Cincinnati, Ohio; F. L. March, M. D., Kansas City, Mo.

Special Legislative Committee.

Chairman, G. W. Boskowitz, M. D., New York, N. Y.; J. K. Scudder, M. D., Cincinnati, Ohio; C. G. Winter, M. D., Indianapolis, Ind.; N. A. Graves, M. D., Chicago, Ill.; G. W. Johnson, M. D., San Antonio, Tex.

Committee on Necrology.

Chairman, N. A. Herring, M. D., Benton Harbor, Mich.; J. M. Keys, M. D., Omaha, Neb.; H. L. Henderson, M. D., Astoria, Ore.

Committee on Congress of Tuberculosis.

Chairman, T. Willis Miles, M. D., Denver, Colo.; W. T. Gemmill, M. D., Forest, Ohio; John Perrins, M. D., Boston, Mass.; R. B. Crawford, M. D., Lincoln, Neb.; E. M. Reading, M. D., Chicago, Ill.; A. F. Stephens, M. D., St. Louis, Mo.

Committee on Medical Legislation.

Chairman, Arthur R. Tiel, M. D., Mateawan, N. Y.; Pearl Hale Tatman, M. D., Eureka, Springs, Ark.; O. C. Welbourn, M. D., Los Angeles, Cal.; W. O. Patterson, M. D., Pueblo, Colo.; G. B. Bristol, M. D., Middlebury, Conn.; G. W. Holmes, M. D., Sharpes, Fla.; C. N. Wilson, M. D., Maysville, Ga.; Frank Mitchell, M. D., Wardner, Idaho; J. B. Davis, M. D., Pontiac, Ill.; C. N. Brown, M. D., Fairmount, Ind.; H. V. Brown, M. D., Griswold, Iowa; F. P. Hatfield, M. D., Frenola, Kans.; G. T. Fuller, M. D., Mayfield, Ky.; J. W. Cosford, M. D., Mancelona, Mich.; A. Fossett, M. D., Portland, Me.; F. W. Abbott, M. D., Taunton, Mass.; H. H. Brockman, M. D., Eldon, Mo.; C. M. Cannon, M. D., St. Paul, Minn.; W. M. Ramey, M. D., Adams, Neb.; W. H. Wyatt Hanneth, N. J.; E. G. Sharp, M. D., Guth-

rie, Okla.; J. H. McElhinney, M. D., New London, Ohio; C. E. Standlee, M. D., Drewsey, Ore.; J. W. White, M. D., West Alexander, Pa.; A. B. Young, M. D., Brownsville, Tenn.; J. Newton White, M. D., Queen City, Texas; J. T. Taylor, M. D., Salt Lake City, Utah; Lucien N. Yost, M. D., Fairmount, W. Va.; E. S. Hull, M. D., Milton Junction, Wis.; W. A. Wyman, M. D., Cheyenne, Wyo.

Committee on Organization and Status.

Chairman, Finley Ellingwood, M. D., Chicago, Ill.

Composed of the Secretaries of the State Societies.

The twenty-sixth annual meeting of the Tennessee Medical Society will be held in Nashville, May 23rd and 24th.

An interesting program has been prepared.

The coming Fair at Portland is attracting a great deal of attention to

special opportunities of the Fair to attend the meeting of the Oregon Eclectic Medical Association.

Dr. Mott of Salem has furnished us with the following description of the Capital city, just as a sample of what Oregon is and will be.

A writer has said: "In the next twenty-five years Oregon is bound to grow into a great, populous and prosperous State. No country on earth surpasses, in natural resources, the territory within her borders. Travel America over, take the Nile country in its most flourishing days, the vastly rich country of the East Indies, and nothing can be found that will surpass in richness and variety of production the beautiful lands surrounding Salem. No country on earth can surpass it for healthfulness



Oregon. The Oregon eclectics hope that a large delegation of California eclectics will take advantage of the

or beauty of scenery. As Oregon grows, so will grow her Capital City. The development in every nook and corner

of this State adds to the prosperity of Salem. As the population of Oregon grows Salem will grow to a city of 20,000 people; when she has a million Salem will have 25,000; when she has two million, Salem will have 50,000. And the growth of Salem is likely to be much more rapid in proportion, for she has an enterprising and progressive people, and the surrounding country is undergoing rapid development, which is bound to continue."

Reviews and Extracts.

The Use of Oxygen in Association with the Administration of Chloroform and Ether.

The proposition that oxygen should be administered with chloroform and ether for the purpose of preventing accidents during the maintenance of their effects, and for the purpose of preventing untoward sequelæ, was received by the profession, about fifteen years ago, with considerable enthusiasm. For a time surgical instrument makers busied themselves with the manufacture of special inhalers whereby the patient would receive the vapor of ether or chloroform mixed with oxygen gas, and in not a few instances these inhalers were so devised that the patient was for the time being forced to exist under the mixture of ether vapor and oxygen gas, having been deprived by a tight-fitting inhaler of all atmospheric air. In most of these necessarily complicated forms of apparatus the oxygen gas was supplied through a tube, which first passed through the anesthetic. It

was therefore impossible for the anesthetic to increase or decrease the anesthetic vapor without at the same time increasing or decreasing the oxygen gas. This was a serious disadvantage, and, as we have pointed out on several occasions, the proper way to employ oxygen gas, with either of these anesthetics, is to have the gas delivered through a tube which can be passed under the ether cone and chloroform inhaler, and through which oxygen gas may be supplied in varying quantities without changing the amount of anesthetic which the patient is taking into the lungs.

The object of this editorial note is to reiterate our belief in the value of oxygen in conjunction with surgical anesthesia, to impress upon our readers the disadvantage of employing a complicated inhaler when the simplest form of inhaler can be used to better advantage, and to call attention to an interesting experimental research which is published in the *Medical Record* of November 19, 1904, by Dr. James Gwathmey, in which he proved by experiments upon animals that chloroform with oxygen gas is more than twice as safe as chloroform and air, and he believes safer than any other anesthetic with air; or, to express it otherwise, he believes that if oxygen is used with chloroform it becomes as safe as ether. More important still, he concludes that oxygen decreases the danger of anesthetics, as regards life, without decreasing their anesthetic value.—*Therapeutic Gazette.*

The Latin language may be considered a dead language, but it has saved the lives of thousands.—*Ex.*

Under What Conditions Shall Mothers with
Albuminuria be Allowed to Nurse
Their Infants?

An interesting discussion was held at the thirteenth Congress of Internal Medicine of Padua, during which the author reviewed the question as to whether an albuminuric mother should be allowed to nurse her child. Pinard, Budin, and their school maintain that it is safe to allow such mothers to nurse their infants, but the author does not think that their statistics form a trustworthy basis for conclusions in this matter. The institutions with which these observers are connected are lying-in asylums in which the infants are not observed for any length of time. On the other hand, a number of cases are on record in which infants who have been nursed by albuminuric mothers have been under observation for a long time, and developed eclampsia, tetany, epiglottic spasm, or fatal hepatitis with jaundice. In one case, observed by the author himself, there was a diffuse edema as the result of nursing from a mother who had been suffering from what apparently was a simple and transient albuminuria. All these cases show that the milk of such mothers may prove toxic for the infants, and that we should be very careful, at all events, how we allow such mothers to nurse their infants. At the first sign of any disturbances on the part of the nursing infant, the milk should be discontinued, and whenever the mother shows the presence of true Bright's disease, the infant should be permanently weaned. — *Archives of Pediatrics*.

A SPRING MEDICINE.

In the spring the organs of elimination do not possess their usual activity on account of having become clogged by the accumulation of poisonous and perverted secretions during the winter months when the skin neglects its duties and the kidneys are overworked.

The symptoms which arise from this condition are very similar to those of malaria, but as the causes are not alike in the least, the treatment should be entirely different, a fact which is often overlooked.

The Tongaline Preparations by arousing the absorptive powers of the various glands which have been clogged and by their stimulating action upon the liver, the bowels, the kidneys and the pores, cause these organs to perform their proper functions, thus restoring at once the equilibrium of the system.

Where there are indications of any excess of uric acid, Tongaline & Lithia Tablets (Tongaline 5 grs., Lithium Salicylate 1 gr.) will be found much more effective and satisfactory than lithia alone or lithia waters which contain but a very small, indefinite and variable quantity of lithia salt.

If there are any evidences of malaria, Tongaline & Quinine Tablets (Tongaline 3½ grs., Quinia Sulph., 2½ grs.) will promptly and thoroughly correct the trouble and overcome any tendency to periodicity.

In Tongaline all the salicylic acid is made from the purest natural oil of wintergreen, the only kind that should be administered internally, as the synthetic product weakens the heart and depresses the entire system.

Glyco-Thymoline as an Oro-Nasal and a General Antiseptic.

By DAVID WALSH, M. D., Edin., Senior Physician, Western Skin Hospital, London, W.

Case 1. A. B., male, æt 37, came to hospital complaining of partial loss of hair of mustache. The patient had been under treatment at various skin hospitals for a chronic eczematous condition of the upper lip and loss of hairs of upper border of mustache. On inquiry, he was found to be subject to frequent "colds in the head." This condition is not uncommon in skin clinics. Suitable ointments and lotions were ordered for the eczematous condition, and patient was directed to douche the nostrils with a Glyco-Thymoline solution, one in three of water, twice daily. After a few weeks of this treatment the lip showed great improvement, and now is on the high road to recovery, with signs of re-growth of hair.

Case 2. C. D., acute coryza in a young married woman, somewhat anemic, otherwise healthy; on the second day of attack, with profuse water discharge and frontal headache. Coryza cut short and immediate relief of symptoms. Other cases of this kind might be quoted, in which acute nasal catarrh was promptly abated and sometimes cured.

Case 3. E. F., male, æt 50, chronic nasal catarrh, with deflected septum and frequent blocking of the left nostril. During a bout of foggy weather in London, the discomfort of the chronic condition was aggravated by

acute catarrh, with "sore throat," partial deafness, frontal headache, and watery discharge. The use of a spray of Glyco-Thymoline, one in three, several times daily, gave great relief, and under this treatment the left nostril was always free. The amount of black matter washed out of the nostrils by the spray bore eloquent testimony to the sootiness of London fogs. (It is unnecessary to quote other cases of chronic nasal catarrh and obstruction benefited in the same way.)

Case 4. G. H., female, æt 32, influenza, second day of attack, much prostration, frontal headache, temperature 102°, profuse nasal discharge, slight sore throat, tongue slightly coated, constipation, complete loss of appetite, pains in the back. This patient was kept in bed and a spray of Glyco-Thymoline, one to three, applied frequently to the nose. At the same time a dose of quinine and a purgative, with nutritious food and stimulants, were ordered. The catarrhal symptoms quickly subsided, and the patient recovered more rapidly than in any one of the previous attacks. This result she herself attributed to the nasal spray.

SANMETTO IN PRE-SENILITY.

I had two cases which I thought required such a medicament as Sanmetto. I prescribed two bottles of Sanmetto and gave prescriptions for more when that quantity was used up. One case was that of a man forty-two years of age, father of seven children—impotency and neurasthenia; within three days after taking Sanmetto he began

to feel the beneficial results and finally regarded himself as cured. I advised him to consult me again if he should be bothered with sexual disturbance. He is a grocer, has long hours (sixteen a day), with business and family cares.

The other case was that of a young man twenty-eight years of age. A premature decay, loss of vitality, atrophied sexual organs—prescribed Sanmetto, and the changes brought about since its use are something marvelous, according to the patient. He will continue under advisement.

This testimonial regarding the value of Sanmetto is given unsolicited.

R. L. LARSEN, M. D.
Chicago, Ills.

AN ELIGIBLE COMBINATION.

A number of years ago, Dr. James J. Sullivan (University Medical College), New York City, applied the remark, "An Eligible Combination," to a then new preparation of well-known synergistic remedial agents. It is almost unnecessary to state that the preparation to which he referred is now well and favorably known as Antikamnia & Codeine Tablets, each tablet containing $\frac{1}{4}$ gr. codeine and $4\frac{3}{4}$ grs. antikamnia. *A fact which should not be overlooked is that the codeine used in this tablet is specially prepared and purified, is non-constipating, and does not induce a habit. These are some of the particularly advantageous features of the Antikamnia Chemical Company's codeine and are well worth bearing in mind.*

In the harassing cough of phthisis, or in the pain of pleuritis, in the pain-

ful sensation accompanying bronchitis when the tubes are dry and irritable—as they usually are—the blending of the two drugs composing Antikamnia & Codeine Tablets will not be found wanting in action, but will give results that are gratifying to both patient and the medical attendant. This tablet is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, in the vast majority of cases, is promptly and lastingly decreased, and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve and this tablet does the work. In addition, it controls the violent spasms accompanying the cough, which are so distressing.

Every physician requires almost daily a reliable calmative to replace the many injurious narcotics and antispasmodics now in general use—something that possesses a pronounced specific action as a nerve sedative and hypnotic, and that will induce tranquility and equilibrium of the nervous system. They have found in Daniel's Conct. Tinct. Passiflora Incarnata the properties that contribute to this result and removes conditions resulting from impaired nerve function. And while Passiflora's action is potent and invariable, its superiority lies in the delightful after-effect produced. The Opiates, Bromides, and several so-called Calmatives insure sleep, but leave the patient with nerves strained and exhausted, while Passiflora gives rest without reaction and the patient feels the refreshing ex-

hilaration of a night's sound slumber. Passiflora is unequalled for Insomnia, Hysteria, Convulsions, and kindred diseases.

Books a Medium of Tuberculous Infection.

During the past year a number of clerks employed in a Berlin library contracted tuberculosis. This led to having an examination made of a number of books in the library. Thirty-seven volumes of popular fiction which had been in use from three to six years and which showed signs of much wear, were selected. Steeping the corners of the leaves and the most soiled parts of the paper for twenty-four hours in normal salt solution and rubbing the bindings with the same, the washings were centrifuged, but they failed on examination to reveal the bacillus of tuberculosis. Fifty guinea-pigs were then injected with the water under proper precautions, and when at the end of three and a half months the forty-three surviving were killed, fifteen, or 35 per cent., were found to have tubercle in various organs. Similar experiments with sixty other volumes that had been for from six months to two years only in use, but being of a different class of literature were in less request and were in a more clean condition, gave when similarly treated wholly negative results. This matter of dirty library books is one that health boards cannot afford to neglect, for doubtless many a case of tuberculosis might be prevented by the timely disinfection of such books by the use of formaldehyde.—*Medical Age.*

Head Nurses.

The personality of the head nurses of a hospital, their ideals of life and character and work will determine to a great extent the atmosphere of the wards and the quality of the work. As the head nurses are, we may reasonably expect pupil nurses to be. If the head nurse is lacking in dignity, with a flip-pant, careless manner, unduly free in her intercourse with physicians and people, disloyal to hospital authorities and interests, harsh or mechanical in her bearing toward the patients, it is not to be wondered at if the same spirit finds expression in the daily work of the nurses whom she directs. Example is ever more powerful than precept, and personality—that indefinable something, which gives peculiar color and tone to the individual, and stamps his work as peculiarly his own—that is the thing that will tell in the lives of the nurses. A beautiful building, costly furnishings, expensive equipment, a carefully arranged course of study, skilful lectures—these are all desirable, and some of them valuable aids in the training of nurses, but the combined influence of all these is small, compared with the character, the inner life, of the head nurses of a hospital.—*The National Hospital Record.*

Mrs. Newlywed—Doctor, that bottle of medicine you left for baby is all gone. Doctor—Impossible! I told you to give him a teaspoonful once an hour. Mrs. Newlywed—Yes; but John and I and mother and the nurse have to each take a teaspoonful, too, in order to induce baby to take it.—*Puck.*

The Treatment of Exophthalmic Goitre with the Blood of Thyroidectomized Goats.

In 1894, Lantz treated two exophthalmic goitre patients with milk from thyroidectomized goats. The results were so favorable that the treatment was applied to four other patients, all of whom, as a consequence, showed marked improvement and gain in weight.

In 1894, Drs. Ballet and Enriquez took the blood of thyroidectomized dogs that had lived long enough to experience the blood changes which loss of thyroid function is sure to entail, and injected that blood into patients suffering from exophthalmic goitre. The results were so encouraging that other practitioners soon adopted the method, or a modification of it. The *Deutschemedizinische Wochenschrift*, No. 38, 1899, contained a report of three cases of exophthalmic goitre, in the practice of Dr. Burghart, that improved under the treatment, two of them decidedly. Dr. Burghart did not confine himself to the use of injections, but administered a dried alcoholic extract of the blood.

Later, a Darmstadt chemical house prepared a serum from the blood of thyroidectomized sheep, which, administered to patients who had exophthalmic goitre, produced a good effect; it was given both per os and subcutaneously.

A patient of Schultes (*Munich. Med. Woch.*, No. 20, 1902), in whom the symptoms of exophthalmic goitre had been in evidence for four years, with pronounced psychic disturbance at times, is said to have been completely

cured in two months by the use of gradually increasing doses of the serum (from the blood of thyroidectomized sheep).

In 1901, Mobius (*Munich. Med. Woch.*, January 27, 1903) proposed the preparation of a serum from the blood of sheep, from which the thyroid gland had been removed, to be used in the treatment of exophthalmic goitre. He first injected one gramme of serum subcutaneously, but subsequently found that better results could be obtained by giving it internally. In his patients, all of whom had been treated for years with various remedies, the circumference of the neck was reduced, the goitre became smaller, and the patients slept better and were less agitated. It is not presumed that a cure can be established by this mode of treatment, but there seems to be sufficient ground to hope for beneficial results.

Messrs. Parke, Davis & Co. have prepared a dried product of the blood of thyroidectomized animals, called "Thyroidectin," which appears to produce the effects observed by Lantz, Mobius, et al. In most of the cases in which it was tested the patients experienced much relief from restlessness, tremor, insomnia, and the usual train of nervous symptoms so generally observed. A gradual reduction of the pulse rate and in the size of the gland was also noted.

Book Notes.

Year Book for 1905—Part I., General Medicine. As usual, this very valuable series is interesting from the start. In general medicine, we find that pneu-

monia and tuberculosis have received the lion's share of attention by medical writers during the past year. Leukemia and splenic amenia are also discussed at length.

The value of the contributions in medicine during the past year has been evinced more in their corroborative and practical bearing rather than by new discoveries.

Part II., Surgery. In the Year Book of Surgery we find that the surgery of the pancreas has materially advanced and that the number of operations for diseases of the stomach has enormously increased. There have been far better results during the past year in peritoneal surgery than at any previous period.

The results in many other lines have been very gratifying, and to the practitioner who wishes to know what is going on in this field we recommend the book.

Year Book, publishers, Chicago; price of each volume, \$1.00; price, of series, \$5.50 (10 vols.).

Disinfection and Disinfectants: A Practical Guide for Sanitarians, Health and Quarantine Officers—By M. J. Rosenau, M. D., Director of the Hygienic Laboratory and Passed Assistant Surgeon, U. S. Marine Hospital Service, Washington, D. C.; 12mo; 353 pages; 90 practical illustrations; cloth binding, \$2.00, postpaid. P. Blakiston's Son & Company, publishers, 1012 Walnut Street, Philadelphia.

The author, Dr. Rosenau, is Director of the Hygienic Laboratory and Passed Assistant Surgeon in the United States

Marine Hospital Service. He says in his preface, "I have made mistakes and I have seen others make similar mistakes in learning what, how, and when to disinfect. This book has been written with the hope that it might help others who have to battle with the infection of the communicable diseases. I have tried to set down the results of my experience gained in sanitary work of a public character, both in the field and in the laboratory. It has been my aim to state the facts tersely and in a form to be of practical use. The subject has been considered from the standpoint of the disinfectant used, the object to be disinfected, and the disease for which the disinfection is done."

The book is arranged in a systematic manner as follows: 1. A general Introduction to the subject. 2. Physical Agents. 3. Gaseous Disinfectants. 4. Chemical Solutions. 5. Insectides applied to Disinfection against the Insect-borne Diseases. 6. Disinfection of Houses, Ships, Cargoes, Ambulances, Carriages, Cars, Stables, Water, Water Pipes and Water Tanks, Wells, Bedding, Clothing, Furniture and Draperies, Cotton, Rags, Food, Excreta, the Patient, etc. 7. Directions for Disinfection for the Various Communicable Diseases, which are taken up seriatim.

Diseases of the Stomach, Their Special Pathology, Diagnosis, and Treatment, with Sections on Anatomy, Analysis of Stomach Contents, Dietetics, Surgery of the Stomach, etc.—By John C. Hemmeter, M. D., Philos. D.; second edition; revised and enlarged;

with colored and other illustrations; octavo; 890 pages; cloth, \$6.00; leather, \$7.00; half Russia, \$8.00,

This second edition has been revised very thoroughly by the author. About 100 pages of new and very valuable material and a number of new illustrations have been added. Fully two-thirds of the book has been actually reconstructed, and it is acknowledged to be the best contemporary treatise on diseases of the stomach which we possess, not only in America, but in the whole world.

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The Committee on the Prevention of Tuberculosis have issued a pamphlet on the City and County Care of Consumptives, with special reference to methods of housing. The different tents, with their methods of ventilation, are dis-

cussed in full. The descriptions are of great value to those contemplating the erection of sanatoria for the outdoor treatment of consumptives.

*Studies in the Psychology of Sex—Sexual Selection in Man. I. Touch. II. Smell. III. Hearing. IV. Vision—*By Havelock Ellis; 6 $\frac{3}{8}$ x 8 $\frac{7}{8}$ inches; pages XII.-270; extra cloth, \$2.00, net. Sold only by subscription to Physicians, Lawyers, and Scientists. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

This volume of the series of studies deals with the part played by the special senses in sexual selection. The assumption is that this selection, or love, is the response to beauty in some form, and so can only originate through the physical senses. Under Vision, considerable space is given to the laws of attraction between likes or unlikes, the conclusion being that, as a rule, the charm of parity is greater than the charm of disparity.

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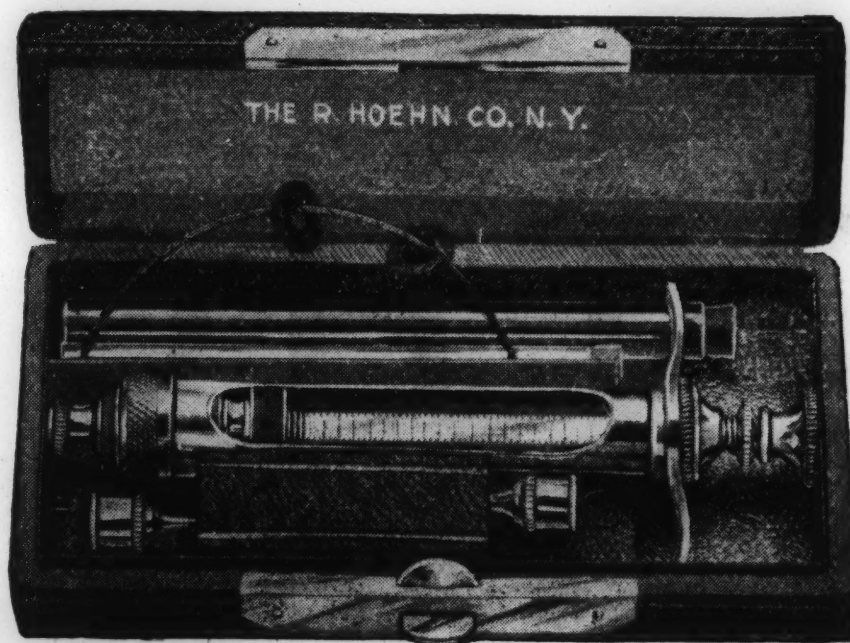
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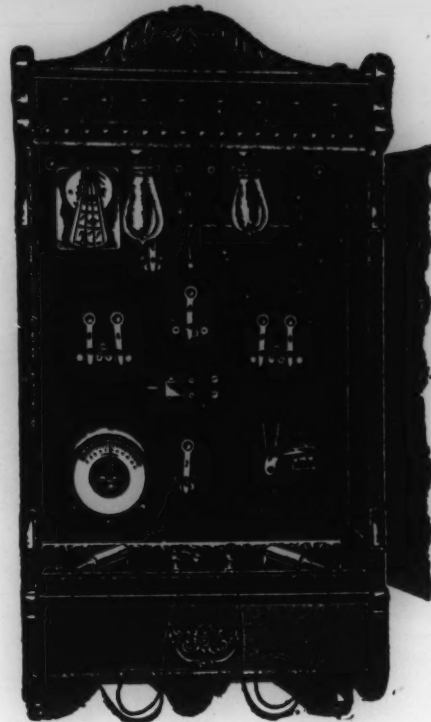
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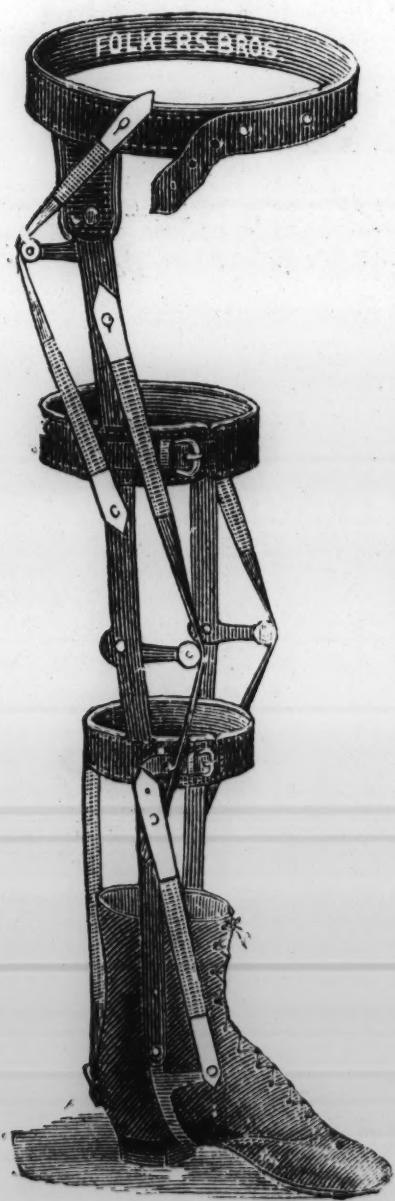
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R. Specific Collinsonia, - - - - - f $\frac{3}{4}$ j.
Simple syrup, - - - - - q. s. ad f $\frac{3}{4}$ iv.
M. Sig. Teaspoonful four or five times a day.

For its general tonic effect upon the digestive tract, Collinsonia is a remedy of no mean value in functional gastric troubles, atonic dyspepsia, constipation, anemia, chlorosis etc. However, next to its specific action in throat affections, we desire to suggest the use of Collinsonia in rectal diseases, and in troubles about the anal outlet. As an internal medicament in the treatment of hemorrhoids, Collinsonia has no equal, if the cases be well chosen. There is *irritation, constriction, congestion*, a feeling as though a foreign body of no small size were lodged within the bowel. ~~There is heat, burning, and perhaps hemorrhage.~~ It is also very efficient as an internal remedy in the relief of the disturbances due to rectal pockets, papillæ, ulcers, spasmodic stricture, etc. It is not surpassed by any remedy in these troubles, unless it be by operative measures. The latter are more speedy, but hardly more certain. The same is true of Collinsonia in certain cases of spasmodic contraction of the sphincter ani, and in general prostatitis.

As adjunct remedies to be used in combination or in alternation with Collinsonia, we should consider specific ipecac, powdered rhubarb, and either the second or third decimal trituration of sulphur, or the second trituration of podophyllin. Collinsonia should not be forgotten in reflex troubles due to rectal irritation. In this line we mention reflex cough, asthma, chorea, headache of a dull, frontal variety, and reflex cardiac affections. It is frequently a remedy in dysentery, and in cholera infantum, when there is much tenesmus, with *irritation, constriction and congestion*.

Collinsonia is highly recommended in certain functional urinary troubles, when the symptoms calling for it are prominent. It allays the irritation and gives speedy relief. Many times it is the remedy in incontinence of urine, in urethral or vesical hyperesthesia, and for minor gonorrheal disturbances. Because of this action it has been suggested as a remedy in gravel, calculus, in dropsy, and in varicocele. It is also a remedy for hemorrhoids, swollen genitals, pruritus vulva and ani of the pregnant female. By some it is recommended in certain cases of dysmenorrhea, amenorrhea, leucorrhea, prolapsus, etc.

The symptoms—*irritation, congestion, and constriction*—presenting in any case of whatever name or nature, call for Collinsonia. For use in rectal, anal, and genito-urinary diseases, the dose does not need to be as large as recommended above. Ten drops of the Specific Medicine to four ounces of water, and a teaspoonful of the mixture every hour or two, is sufficient for most purposes in these cases. Larger doses, however, are not followed by deleterious effects. Remember, that when *irritation, congestion, and constriction* are present, Collinsonia is the remedy, call the disease what you may.—*Editorial from the Eclectic Medical Journal.*

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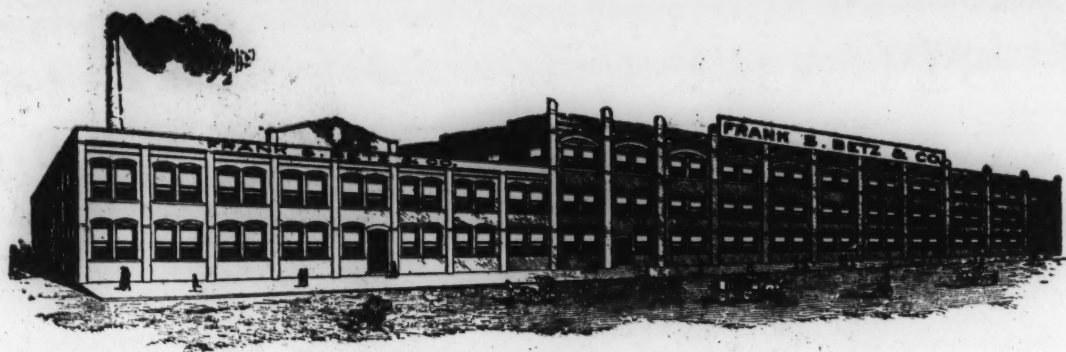
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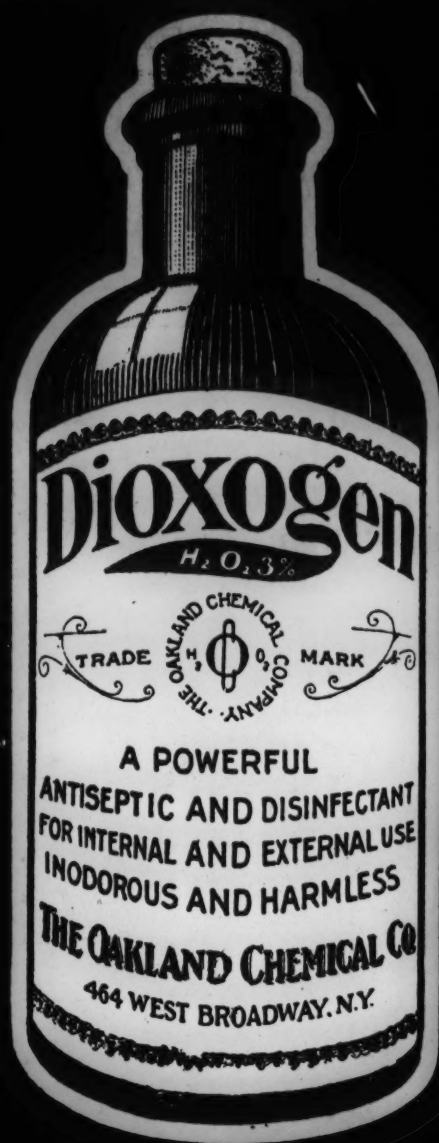
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